

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000045205

FILED  
Jan 18, 2006  
Secretary of State

Entity Name: THOMAS D. WORKMAN APPRAISAL, INC.

## Current Principal Place of Business:

2007 SAVONA PARKWAY  
CAPE CORAL, FL 33904 US

## New Principal Place of Business:

## Current Mailing Address:

2007 SAVONA PARKWAY  
CAPE CORAL, FL 33904 US

## New Mailing Address:

FEI Number: 65-0423012      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WORKMAN, THOMAS D  
2007 SAVONA PARKWAY  
CAPE CORAL, FL 33904 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: WORKMAN, THOMAS D  
Address: 2007 SAVONA PARKWAY  
City-St-Zip: CAPE CORAL, FL 33904 US

Title: VP ( ) Delete  
Name: WORKMAN, JUDITH  
Address: 2007 SAVONA  
City-St-Zip: CAPE CORAL, FL 33904 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TRES ( ) Change (X) Addition  
Name: DE FERIA, ELIZABETH  
Address: 2007 SAVONA PKWY.  
City-St-Zip: CAPE CORAL, FL 33904 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS D. WORKMAN

PRES

01/18/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date